

CLAIMS ONLY

Application Number

10561937

Filing Date

Applicant(s)

multiple dependent

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|
| | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | | | | | | |
| 2 | | 1 | | | | |
| 3 | | 2 | | | | |
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| 5 | | 2 | | | | |
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| 9 | 1 | | | | | |
| 10 | 1 | | | | | |
| 11 | 2 | | | | | |
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| Total Indep | 2 | | 3 | | | |
| Total Depend | 17 | | 18 | | | |
| Total Claims | 19 | | 16 | | | |

| | Indep | Depend | Indep | Depend | Indep | Depend |
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| Total Indep | | | | | | |
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| Total Claims | | | | | | |